

SENATE BILL 08-194
COLORADO PUBLIC HEALTH ACT
SUBPART 2: PUBLIC HEALTH PLANS

25-1-504. Comprehensive public health plan - development - approval - reassessment.

(1) ON OR BEFORE DECEMBER 31, 2009, AND AT A MINIMUM ON OR BEFORE DECEMBER 31 EVERY FIVE YEARS THEREAFTER, THE STATE DEPARTMENT SHALL DEVELOP A COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN, REFERRED TO IN THIS SECTION AS THE "PLAN", THAT ASSESSES AND SETS PRIORITIES FOR THE PUBLIC HEALTH SYSTEM. THE STATE BOARD MAY APPOINT AD HOC OR ADVISORY COMMITTEES AS NEEDED FOR THE PLAN DEVELOPMENT PROCESS. THE PLAN SHALL BE DEVELOPED IN CONSULTATION WITH THE STATE BOARD AND REPRESENTATIVES FROM THE STATE DEPARTMENT, COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES, AND THEIR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM. THE PLAN SHALL RELY ON EXISTING OR AVAILABLE DATA OR OTHER INFORMATION ACQUIRED PURSUANT TO THIS PART 5, AS WELL AS NATIONAL GUIDELINES OR RECOMMENDATIONS CONCERNING PUBLIC HEALTH OUTCOMES OR IMPROVEMENTS.

(2)

(a) THE PLAN SHALL ASSESS AND SET PRIORITIES FOR THE PUBLIC HEALTH SYSTEM AND SHALL:

(I) GUIDE THE PUBLIC HEALTH SYSTEM IN TARGETING CORE PUBLIC HEALTH SERVICES AND FUNCTIONS THROUGH PROGRAM DEVELOPMENT, IMPLEMENTATION, AND EVALUATION;

(II) INCREASE THE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC HEALTH SYSTEM;

(III) IDENTIFY AREAS NEEDING GREATER RESOURCE ALLOCATION TO PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES;

(IV) INCORPORATE, TO THE EXTENT POSSIBLE, GOALS AND PRIORITIES OF PUBLIC HEALTH PLANS DEVELOPED BY COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES; AND

(V) CONSIDER AVAILABLE RESOURCES, INCLUDING BUT NOT LIMITED TO STATE AND LOCAL FUNDING, AND BE SUBJECT TO MODIFICATION BASED ON ACTUAL SUBSEQUENT ALLOCATIONS.

(b) THE PLAN SHALL INCLUDE OR ADDRESS AT A MINIMUM THE FOLLOWING ELEMENTS:

(I) CORE PUBLIC HEALTH SERVICES AND STANDARDS FOR COUNTY AND DISTRICT PUBLIC HEALTH AGENCIES;

(II) RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY ACTION, INCLUDING BUT NOT LIMITED TO UPDATING PUBLIC HEALTH LAWS, ELIMINATING OBSOLETE STATUTORY LANGUAGE, AND ESTABLISHING AN EFFECTIVE AND COMPREHENSIVE STATE AND LOCAL PUBLIC HEALTH INFRASTRUCTURE;

(III) IDENTIFICATION AND QUANTIFICATION OF EXISTING PUBLIC HEALTH PROBLEMS, DISPARITIES, OR THREATS AT THE STATE AND COUNTY LEVELS;

(IV) IDENTIFICATION OF EXISTING PUBLIC HEALTH RESOURCES AT PAGE 7-SENATE BILL 08-194 THE STATE AND LOCAL LEVELS;

(V) DECLARATION OF THE GOALS OF THE PLAN;

(VI) IDENTIFICATION OF SPECIFIC RECOMMENDATIONS FOR MEETING THESE GOALS;

(VII) DEVELOPMENT OF PUBLIC AND ENVIRONMENTAL HEALTH INFRASTRUCTURE THAT SUPPORTS CORE PUBLIC HEALTH FUNCTIONS AND ESSENTIAL PUBLIC HEALTH SERVICES AT THE STATE AND LOCAL LEVELS;

(VIII) EXPLANATION OF THE PRIORITIZATION OF ONE OR MORE CONDITIONS OF PUBLIC HEALTH IMPORTANCE;

(IX) DETAILED DESCRIPTION OF STRATEGIES TO DEVELOP AND PROMOTE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES;

(X) DEVELOPMENT, EVALUATION, AND MAINTENANCE OF, AND IMPROVEMENTS TO, AN INFORMATION INFRASTRUCTURE THAT SUPPORTS ESSENTIAL PUBLIC HEALTH SERVICES;

(XI) DETAILED DESCRIPTION OF THE PROGRAMS AND ACTIVITIES THAT WILL BE PURSUED TO ADDRESS EXISTING PUBLIC AND ENVIRONMENTAL HEALTH PROBLEMS, DISPARITIES, OR THREATS;

(XII) DETAILED DESCRIPTION OF HOW PUBLIC HEALTH SERVICES WILL BE INTEGRATED AND PUBLIC HEALTH RESOURCES SHARED TO OPTIMIZE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC HEALTH SYSTEM;

(XIII) DETAILED DESCRIPTION OF HOW THE PLAN WILL SUPPORT COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES IN ACHIEVING THE GOALS OF THEIR COUNTY OR DISTRICT PUBLIC HEALTH PLANS;

(XIV) ESTIMATION OF COSTS OF IMPLEMENTING THE PLAN;

(XV) A TIMELINE FOR IMPLEMENTING VARIOUS ELEMENTS OF THE PLAN;

(XVI) A STRATEGY FOR COORDINATING SERVICE DELIVERY WITHIN THE PUBLIC HEALTH SYSTEM; AND PAGE 8-SENATE BILL 08-194

(XVII) MEASURABLE INDICATORS OF EFFECTIVENESS AND SUCCESSES.

(c) THE PLAN, INCLUDING CORE PUBLIC HEALTH SERVICES AND STANDARDS, SHALL PROSPECTIVELY COVER UP TO FIVE YEARS, SUBJECT TO ANNUAL REVISIONS AND THE IMPLEMENTATION SCHEDULE ESTABLISHED BY THE STATE BOARD.

(3) THE STATE DEPARTMENT SHALL MAKE THE PLAN AVAILABLE TO THE GOVERNOR, THE GENERAL ASSEMBLY, THE STATE BOARD, COUNTY AND DISTRICT PUBLIC HEALTH AGENCIES, AND OTHER PARTNERS.

(4) THE STATE DEPARTMENT IS AUTHORIZED TO SOLICIT AND ACCEPT ANY GIFTS, GRANTS, OR DONATIONS TO PAY FOR THE DEVELOPMENT OF THE PLAN. ANY MONEYS RECEIVED PURSUANT TO THIS SUBSECTION (4) SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE SAME TO THE COMPREHENSIVE PUBLIC HEALTH PLAN CASH FUND, WHICH IS HEREBY CREATED AND REFERRED TO IN THIS SUBSECTION (4) AS THE "FUND". ANY INTEREST DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEYS IN THE FUND SHALL BE CREDITED TO THE FUND. ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND AT THE END OF ANY FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANOTHER FUND. MONEYS IN THE FUND MAY BE EXPENDED BY THE STATE DEPARTMENT, SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY, FOR THE DEVELOPMENT OF THE PLAN DESCRIBED IN THIS SECTION.

(5) IF THE MONEYS RECEIVED BY THE STATE DEPARTMENT THROUGH GIFTS, GRANTS, AND DONATIONS ARE INSUFFICIENT TO COVER THE DIRECT AND INDIRECT COSTS OF COMPLYING WITH THE PROVISIONS OF SECTION 25-1-503 AND THIS SECTION, THE STATE DEPARTMENT SHALL NOT BE REQUIRED TO IMPLEMENT THE PROVISIONS OF SAID SECTIONS.